

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT



For
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No.
Expire

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 4



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U- <u>6088</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>JAMES I. KEARNEY</u> P.O. Box, Bldg., Room No., if any <u>PO Box 51</u> Street <u>261 CENTRAL AVENUE</u> City <u>JERSEY CITY</u> State <u>NJ</u> ZIP Code + 4 <u>07307</u>	3. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL No. 45</u> Labor Organization File Number <u>010-139</u> P.O. Box, Building and Room Number, if any _____ Street <u>558 NEWARK AVENUE</u> City <u>JERSEY CITY</u> State <u>NT</u> ZIP Code + 4 <u>07306</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the followin
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the sig and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James J. Kearney</u>	On <u>8/11/05</u> Date	<u>201-653-3365</u> Telephone Number

Name of Person Filing JAMES J KEARNEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ARK ASSET MGMT. CO., INC**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **125 BROAD STREET**

City **NEW YORK**

State **NY** ZIP Code + 4 **10004**

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

03/04/04
Dinner at Smith + Wollensky's
HOLLYWOOD FL

11.b. Approximate dollar value of such dealing. **OVER 25-**

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

Name of Person Filing	JAMES I KEARNEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name BULLHEAD CAPITAL MGMT., LLC</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Suite 550</p> <p>Street 1545 PEACHTREE ST., N.E.</p> <p>City ATLANTA</p> <p>State GA ZIP Code + 4 30309</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>LUNCH 09/20/04</p> <p>LUNCH 10/21/04</p> <p>AT ECCO NYC</p> <p>11.b. Approximate dollar value of such dealing. OVER 25-</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>



<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>

Name of Person Filing	JAMES J. KEARNEY	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CIGNA - A HEALTHCARE</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 499 WASHINGTON BLVD</p> <p>City JERSEY CITY</p> <p>State NJ ZIP Code + 4 07310</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>03/28/04</p> <p>Dinner at Capital Grill</p> <p>WASHINGTON, DC</p> <p>11.b. Approximate dollar value of such dealing. 116.00</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>

Name of Person Filing	JAMES J KEARNEY	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Fox Asset Management</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 44 SYCAMORE AVENUE</p> <p>City LITTLE SILVER</p> <p>State NJ ZIP Code + 4 07739</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>12/08/04</p> <p>LUNCH AT BOULEY'S</p> <p>IN NYC</p> <p>11.b. Approximate dollar value of such dealing. OVER 25-</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>



<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>

Name of Person Filing JAMES J KEARNEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Immunics Dist. of Northern N.J. Welfare</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 12 Edison Place</p> <p>City Springfield</p> <p>State NJ ZIP Code + 4 07061-1310</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>PLEASE SEE ATTACHED</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>

119.

Immersion Dist. of Northern NJ WELFARE

03/24/04	- 8.00
06/22/04	- 8.00
06/23/04	- 8.00
06/30/04	- 7 .00
09/15/04	- 8.00

COFFEE + DANISH
AT District Council

02/19/04	104 .00	Lunch at Casa Dante
12/15/04	62.00	Jersey City
		"

TOTAL: \$205.00

Name of Person Filing	JAMES I KEARNEY	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MBIA SECURITIES CORP.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>113 King STREET</u></p> <p>City <u>Armonk</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>10504</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p><u>04/15/04</u></p> <p><u>Lunch at BELLINI</u></p> <p><u>NYC</u></p> <p>11.b. Approximate dollar value of such dealing. <u>006225-</u></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
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Name of Person Filing JAMES J KEARNEY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>STIMERIDGE</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P O Box 357</u></p> <p>Street _____</p> <p>City <u>BEDMINSTER</u></p> <p>State <u>NJ</u> ZIP Code + 4 <u>07921</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>11/04/04</u> <u>LUNCH AT Peter Luger's</u> <u>BROOKLYN, NY</u></p> <p>11.b. Approximate dollar value of such dealing. <u>OVER 25 -</u></p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>

Name of Person Filing JAMES J KEARNEY	File Number U-
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8. Name and address of Business (including trade name, if any).

Name **THE SEGAL COMPANY**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **ONE PARK AVENUE**

City **NEW YORK**

State **NY** ZIP Code + 4 **10016**

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer



10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

07/08/04

**LUNCH AT WOLFGANG'S
NYC**

11.b. Approximate dollar value of such dealing. **132-**

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.